



Iowa
Retirement Investors' Club (RIC)
Look forward to retirement!

Harlan Municipal Utilities RIC Account Form



Personal Information

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

457 Payroll Deduction

Designate the deduction amount to send to your provider. *The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.*

| | Pretax | |
|----------|-----------------|--|
| AIG | \$ _____ /check | |
| Empower* | \$ _____ /check | |
| Voya | \$ _____ /check | |

Effective date. *Deduction changes will take Effect the month after your request is received. You may elect a future date or specify a single check below.*

Future effective date (if desired)

Begin as of _____ (check date)

1 check only _____ (check date)

Final check _____ (check date)

Provider Changes

Designate the amount of existing assets to transfer. *You must have established an account with the receiving provider to complete a transfer.*

| Please transfer: | From: | To: |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 100% | <input type="checkbox"/> AIG | <input type="checkbox"/> AIG |
| <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Empower* | <input type="checkbox"/> Empower* |
| | <input type="checkbox"/> Voya | <input type="checkbox"/> Voya |
| | <input type="checkbox"/> _____ | |

Designate the redirection of future contributions. *You must have established an account with the receiving provider.*

| Stop contributions to: | Redirect contributions to: |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> AIG | <input type="checkbox"/> AIG |
| <input type="checkbox"/> Empower* | <input type="checkbox"/> Empower* |
| <input type="checkbox"/> Voya | <input type="checkbox"/> Voya |

Participant Signature

I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.

X _____

Participant Signature _____ Date _____

Form Submission

| | |
|--------------------------------------|---|
| New Accounts: | Provider account forms: Forward to the provider |
| | RIC Account Form: Forward to your payroll office |
| Changes to Existing Accounts: | Forward this form to your payroll office (shown below) |

Agent Use Only (Not required for existing accounts or online provider enrollment, if available)

I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Provider Name _____ Date _____

Payroll Office

Date Received: _____ Paycheck Effective Date: _____ Name: _____

RIC Use Only

Date Pended: _____ Entered: _____ Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.

*Empower - Formerly MassMutual Retirement

Harlan Municipal Utilities

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